

HEALTH ENTITIES

COMPANY NAME: _____ **NAIC Company Code:** _____
Contact: _____ **Telephone:** _____
REQUIRED FILINGS IN THE STATE OF: Kentucky **Filings Made During the Year 2003**

(1) Check -list	(2) Line #	(3) REQUIRED FILINGS FOR THE ABOVE STATE	(4) NUMBER OF COPIES*			(5) DUE DATE	(6) FORM SOURCE **	(7) APPLICABLE NOTES
			Domestic		Foreign			
			State	NAIC	State			
		I. NAIC FINANCIAL STATEMENTS						
	1	Annual Statement (8 ½"X14")	2	1	xxx	3/1	NAIC	L
	1.1	Printed Investment Schedule detail (Pages E01-E25)	2	1	xxx	3/1	NAIC	L
	2	Quarterly Financial Statement (8 ½" x 14")	2	1	xxx	5/15, 8/15, 11/15	NAIC	L
		II. NAIC SUPPLEMENTS						
	10	Actuarial Certification	2	1	xxx	3/1	Company	L
	11	Investment Risk Interrogatories	2	1	xxx	4/1	NAIC	L
	12	Long-term Care Experience Reporting Forms	2	1	xxx	4/1	NAIC	L
	13	Management Discussion & Analysis	2	1	xxx	4/1	Company	L
	14	Medicare Supplement Insurance Experience Exhibit	2	1	xxx	3/1	NAIC	L
	15	Risk-Based Capital Report	2	1	xxx	3/1	NAIC	L
	16	Supplemental Compensation Exhibit	2	N/A	N/A	3/1	NAIC	
	17	SVO Compliance Certification	2	1	xxx	3/1, 5/15, 8/15, 11/15	NAIC	L
		III. ELECTRONIC FILING REQUIREMENTS						
	30	Annual Statement Electronic Filing	xxx	1	xxx	3/1	NAIC	
	31	March .PDF Filing	xxx	1	xxx	3/1	NAIC	
	32	Risk-Based Capital Electronic Filing	xxx	1	N/A	3/1	NAIC	
	33	Supplemental Electronic Filing	xxx	1	xxx	4/1	NAIC	
	34	Supplemental .PDF Filing	xxx	1	xxx	4/1	NAIC	
	35	June .PDF Filing	xxx	1	xxx	6/1	NAIC	
	36	Quarterly Electronic Filing	xxx	1	xxx	5/15, 8/15, 11/15	NAIC	
	37	Quarterly .PDF Filing	xxx	1	xxx	5/15, 8/15, 11/15	NAIC	
		IV. AUDITED FINANCIAL STATEMENTS						
	51	Accountants Letter of Qualifications	1	1	xxx	6/1	Company	L
	52	Audited Financial Statements	2	1	xxx	6/1	Company	L
	53	Audited Financial Statements Exemption Affidavit	1	N/A	1	See "J"	Company	J
	54	Independent CPA	1	1	xxx	6/1	Company	L
	55	Notification of Adverse Financial Condition	1	1	xxx	6/1	Company	L
	56	Report of Significant Deficiencies in Internal Controls	1	1	xxx	6/1	Company	L
	57	Request for Exemption to File	1	N/A	1	See "J"	Company	J
		V. STATE REQUIRED FILINGS						
	101	State Filing Fees	1	xxx	1	3/1	State	C
	102	Affidavit of Filing	xxx	xxx	1	3/1	State	L

	103	Certificate of Deposit	2	xxx	1	3/1	State	
	104	Premium tax	See "D"	xxx	See "D"	3/1	State	D
	105	Detail Listing of Securities Held Under Safekeeping (Form 143)	2	xxx	xxx	3/1, 5/15, 8/15, 11/15	State	
	106	Certificate on Advertising (Form 440)	2	xxx	1	3/1	State	
	107	Affidavit Covering Finance Committee (Form 450)	2	xxx	xxx	3/1	State	
	108	Direct Business Page	2	xxx	2	3/1	NAIC	
	109	Insurance Holding Company System Annual Registration Statement	1	xxx	xxx	4/1	Company	
	110	Schedule of Miscellaneous Investments (Form 460 and Form 470)	2	xxx	xxx	3/1, 5/15, 8/15, 11/15	State	
	111	Reconciliation and Summary of Assets and Reserve Requirements (Form 480)	2	xxx	xxx	3/1	State	
	112	Kentucky Supplemental Schedule (Form 495)	2	xxx	2	5/15/ 8/15, 11/15	State	

***If XXX appears in this column, this state does not require this filing, if hard copy is filed with the state of domicile and the NAIC and if the data is filed electronically with the NAIC. If N/A appears in this column, the filing is required with the domiciliary state.**

****If Form Source is NAIC, the form should be obtained from the appropriate vendor.**

		NOTES AND INSTRUCTIONS (A-K APPLY TO ALL FILINGS)	
	A	Required Filings Contact Person:	Paula Woolums (502) 564-6082
	B	Mailing Address:	Department of Insurance P. O. Box 517 Frankfort, KY 40602-0517
	C	Mailing Address for Filing Fees: Each payment must include a check remittance form for the appropriate type of company. Check remittance forms can be obtained via http://doi.ppr.ky.gov/kentucky/ .	Department of Insurance P. O. Box 517 Frankfort, KY 40602-0517 Attention: Gina Goodrich
	D	Mailing Address for Premium Tax Payments:	Kentucky Revenue Cabinet P. O. Box 1303 Frankfort, KY 40602-1303 or Kentucky Revenue Cabinet 1266 Louisville Road Frankfort, KY 40601
	E	Delivery Instructions:	All filings must be postmarked no later than the indicated due date.
	F	Late Filings:	Companies will be fined \$100 per day for a late filing. Companies will be fined a civil penalty of \$1000 without filing for and including proof of an extension from domiciliary state.
	G	Original Signatures:	Original signatures required on all filings from domestic companies. Foreign companies should follow the NAIC Annual Statement Instructions regarding signatures.
	H	Signature/Notarization/Certification:	Per KRS 304.3-240(1) – shall be verified by the oaths of at least two of the insurer’s principal officers.
	I	Amended Filings:	Amended items must be filed within 10 days of the amendment, along with an explanation of the amendment. If there are signature requirements for the original filing, same should be followed for the amendment.
	J	Exceptions from normal filings:	Foreign companies must supply a written copy of any exemption or extension received by its state of domicile at least 10 days prior to the filing date to receive such from Kentucky. Domestic companies should apply at least 30 days prior to due date.
	K	Bar Codes (State or NAIC)	Please follow the NAIC Annual Statement Instructions.
	L	Affidavit of Filing and Financial Statement Attestation: Can be obtained via http://doi.ppr.ky.gov/kentucky/ .	Foreign companies must file the Affidavit of Filing and Financial Statement Attestation by 3/1.
	M	NONE Filings:	Please follow the NAIC Annual Statement Instructions.

	N	Filings new, discontinued or modified materially since last year:	

**General Instructions
For Companies to Use Checklist**

Please Note: This state's instructions for companies to file with the NAIC are included in this Checklist. The NAIC will send mailing labels and other information to all companies but will not be sending their own checklist this year.

Electronic Filing is intended to include filing via the Internet or filing via diskette with the NAIC. Companies that file with the NAIC via the Internet are not required to submit diskettes to the NAIC.

Column (1) (Checklist)

Companies may use the checklist to submit to a state, if the state requests it. Companies should copy the checklist and place an "x" in this column when mailing information to the state.

Column (2) (Line #)

Line # refers to a standard filing number used for easy reference. This line number may change from year to year.

Column (3) (Required Filings)

Name of item or form to be filed.

The ***Annual Statement Electronic Filing*** includes the annual statement data and all supplements due March 1, per the *Annual Statement Instructions*. This includes all detail investment schedules and other supplements for which the *Annual Statement Instructions* exempt printed detail.

The ***March .PDF Filing*** is the .pdf file for annual statement data, detail for investment schedules, Officers and Directors Information and supplements due March 1.

The ***Risk-Based Capital Electronic Filing*** includes all risk-based capital data.

The ***Supplemental Electronic Filing*** includes all supplements due April 1, per the *Annual Statement Instructions*.

The ***Supplemental .PDF Filing*** is the .pdf file for all supplemental schedules and exhibits due April 1.

The ***Quarterly Electronic Filing*** includes the complete quarterly filing and the PDF files for all quarterly data.

The ***Quarterly .PDF Filing*** is the .pdf file for quarterly statement data.

The ***June .PDF Filing*** is the .pdf file for the Audited Financial Statements.

Column (4) (Number of Copies)

Indicates the number of copies that each foreign or domestic company is required to file for each type of form. The Blanks (E) Task Force modified the 1999 *Annual Statement Instructions* to waive paper filings of certain NAIC supplements and certain investment schedule detail, if such investment schedule data is available to the states via the NAIC database. The checklists reflect this action taken by the Blanks (EX4) Task Force. XXX appears in the "Number of Copies" "Foreign" column for the appropriate schedules and exhibits. **Some states have chosen to waive printed quarterly and annual statements from their foreign insurers and to rely upon the NAIC database for these filings. This waiver could include supplemental annual statement filings. The XXX in this column might signify that the state has waived the paper filing of the annual statement and all supplements.**

Column (5) (Due Date)

Indicates the date on which the company must file the form.

Column (6) (Form Source)

This column contains one of three words: “NAIC,” “State,” or “Company,” If this column contains “NAIC,” the company must obtain the forms from the appropriate vendor. If this column contains “State,” the state will provide the forms with the filing instructions (generally, on the state web site). If this column contains “Company,” the company, or its representative (e.g., its CPA firm), is expected to provide the form based upon the appropriate state instructions or the NAIC *Annual Statement Instructions*.

Column (7) (Applicable Notes)

This column contains references to the Notes to the Instructions that apply to each item listed on the checklist. The company should carefully read these notes before submitting a filing.